

# IOWA CIVIL RIGHTS COMMISSION

## **Authorization Release Form**

I hereby authorize anyone possessing medical, education, personnel, income, credit, or any other information necessary for a full and complete investigation, mediation, or conciliation of my complaint to furnish such information to the Iowa Civil Rights Commission and any other anti-discrimination agency.

I hereby release anyone so authorized, the Iowa Civil Rights Commission, and any other anti-discrimination agency from all liability for any damages whatsoever in furnishing and obtaining such information.

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Complainant Signature

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Date